

CCC Early Detection and Screening Committee Meeting

Tuesday, October 18, 2005

2:00-4:00 PM

ADHS: 150 N. 18th Ave., Room 115 B

WEBSITE: www.azcancercontrol.gov for announcements, meeting minutes, and upcoming events

Attendees

Virginia Warren (Chair)

Dr. Charlton Wilson

Wendy Tee (Call-in)

Ruth Szczurko (Call-in, Nevada)

Taira Kochar

Paran Pordell

Apologies

Dr. Peter Lance

Cynthia Claus

Jackie Manker

1. Introductions
2. Overview of 3 Priorities (Objectives 2.1, 2.3, 2.8)
2.1: Increase the proportion of women aged 40 yrs and older who have received a mammogram and clinical breast exam within the past year to 70% by 2010

Possible Action Steps:

- a. Collaborate with AHCCCS, Cigna, Health net, Aetna, and others to increase BC screening rates. Based on data, some women wait 3 years before being screened again for breast or cervical cancer. The length of time between Health care visits could be affecting HEDIS-reported screening rates in AZ.
- b. Increase breast and cervical cancer screening rates among Native American women (work with IHS, PIMC, non-profit orgs, universities).

2.3: For adults aged 50 and over, increase the proportion of the population who has been screened for colorectal cancer using colonoscopy, sigmoidoscopy, or FOBT to 50% by 2010.

Possible Action Steps and Information:

- a. Aetna currently has colorectal screening rates of 42%
- b. Aetna-sponsored pilot program in AZ (Medical Director, Aetna, U of A, ACS (prop 303) project- electronic chart reminder system to promote

colorectal screening among those aged 50 years and over. Link with this possibly. Leads: Elena Martinez, Dr. Peter Lance- AZCC

- c. HIS- electronic reminder system- HEDIS-like measure to estimate colorectal cancer screening rates.
- d. Expanding patient reminder systems- phone calls to remind women to get mammograms, for example, or pap tests. (ACS already does this nationwide for mammos).
- e. Develop scope of work/ marketing group to develop social marketing campaign to educate women about importance of getting screened for cervical, breast, and colorectal cancers. Men for prostate and colorectal cancers.

2.8: Support a capacity building conference promoting collaboration among existing agencies in order to disseminate information about current and developing screening methods and tools by 2010.

Ideas for next steps:

- 1. Create social marketing campaign to increase cancer screening rates among Arizonans.
- 2. Gather health insurance companies, public health professionals, physicians, nurses, and other traditional and non-traditional partners to brainstorm and discuss why breast and cervical cancer screening rates are falling in AZ.
- 3. Marketing what is out there for cancers where screening is a viable option (breast, cervical, colorectal, prostate). Navigating through options providers, payers, etc. Is there a patient component here as well and how do we address it?
- 4. Possible capacity building conference/ 1-day summit in future

Homework Assignment for members:

- 1. Invite 3 people to next meeting and 2 must be from outside your organization.
- 3. By email, come up with mini-grant application topic and strategy to apply for funds and identify lead organization that will be applying, which is where funds will be housed.
- 4. Wendy Tee discussed an upcoming Asian Health Fair in Mid-December where she would like cancer screening health education materials to be provided. Wendy is also looking for assistance and possible funding to put on this event. Paran will look into translated health education materials from CDC and ACS for Wendy.

****REMINDER** Conference call, Thursday, November 3, 2005, 8:00-10:00 AM, bridge number 602-542-9008.**